STATE OF NEW HAMPSHIRE



2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

MAY 0 4 2018

NEW HAMPSHIRE	_
DEPARTMENT OF STAT	<u>E</u>

L Name of Lobbyist(s) Erln	asina				NEW HAMPSHIR
II. Nama of lobbyist'	s partnership, 1	dem or corpora	ation, if any:		1	DEPARTMENT OF S
	ampshire Le					
	no of partnership,					
154 Hi	gh Street	þ	ortsmouth, N	H 03801		
	rect)	(Tov	vn/City)	(State)	(Zip Code)
() 603-224- (Telephone)	4107	() 60)3-224-2053 (Fax)	e-mail	ejasina	@nhia.org
III. This statement coreportable expense to	ransactions wh	cb ara not attr	ibutable to any o	one client).	•	file a separate report for ollowing elient:
OP	(Full Name of 0	Cilent as it appear	a on the Lobbyist R	egistration Form)	
OR X All reportable transunrelated to any particular		obbyist (includi	ing the lobbyist's	family), or the l	lobbying fi	rm listed below which are
IV. Date of Report Reports cover: activ	April 25, 201 vity from date of r	8 X egistration to 3/3	1]/18 activi	July 25, 2018 ity from 4/1/18 to		•
•	October 31, 2 activity from 7/1.		activ	January 30, 2 http://orn.10/1/18		
V. There have been If this box is checked, Concord, NH 03301.	1 no fees recei complete just th	ved and no re is form ond sub	eportable transs milt it to the Secre	actions made stary of State's	since the Office, Stot	last report. □ le House, Room 204,
VI. Check if addltlor	nal roports are	attached:				
M If you have received	ed fees or made	expenditures,	you must file Add	endum A-Fee	s and Expe	enses
Expense Roimbursem	ont					et of Honorariums or
[] If you, your firm,	or your family	nas made politic	cal contributions,	you must file A	ddendum	C-Political Contributions
Sworn Statement/AI I have read RSA 15, I and complete to the b	rsa 15-b, rsa	14-C and RSA	664 and hereby s	wear or affirm t	that the for	egoing information is true
(Signature of lobbyis	ina)			5)	(Datc)	•
Erin Jasina (Print Name of John	rist)					

R

STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

IT Name of Johnviets na	tnership, firm or corporation, if any:		
	w Hampshire Legal Assistance Inciship, firm or corporation)		
•		.	
III. Name of Client	N/A	Date	
to tobbuing including fees t	fall fees received from the client identified above for services such as public advocacy, governmenting legislation, and related legal work. The g	nt relations, o	r publio reiations serv
a) Total of all fees received	In this reporting puriod	£)\$	- 0
h) Total of all fees received	Utils calendar year, prior to this reporting period otal of all prior monthly reports for this calendar	b) \$ year)	<u> </u>
c) Total of all fees received (Add lines a and b)	to date	c)\$	0
d) Indicate the amount of a yet been paid	ny such fees that are due, but have not	d) \$	0
fees. Separate reports are the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where funch where the cost was \$ being lobbied, purchase of (c) an itemized statement of any purpose not covered be ceremonial object to be given to the covered by the cover	crships, firms, or corporations are required to not be filed for expenditures made relative to each a unrelated to any one client u separate roported in one of three catogories of expenses: (a) the for salaries, benefits, support staff, and offica the expenditure was of \$25.00 or less (for example 25.00 or lass, purchase of a pen with a value of a ceremonial object given to a person being lobble cach individual expenditure made during this report in the subject of lobbying with a value green control of the subject of lobbying wi	n cilent and it i may be file he aggregate expenses; (b) iple: meals pu- less than \$10 bled with n va- porting period after than \$25, as, expense r	d for the lobbyist(s)/stotal of all axpenses the aggregate total or irohased during a busithat is given to tha police of \$25.00 or less) of greater than \$25.0 or than \$25
	on apparate management in the second of the		
support staff, and office exp	s for this reporting period for salaries, benafits, benses, related directly or indirectly to lobbying.	n) \$	402.69
support staff, and office exp	s for this reporting period for salaries, benafits,		402.69

d) 'Fotal expenses for this reporting period (Add lines a, b and c)	d)\$402.69
o) Total of expenses paid this calcodar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	1)\$ 402.69
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
•	\$
	•
	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swoar or affir is true and complete to the best of my knowledge and belief.	nn that the foregoing information
(Signature (of lobbyist)	5/1/18 (Date)
Erin Jasina	
(Print Namo of lobbyist)	